

**UNITED STATES DISTRICT COURT
WESTERN DISTRICT OF WASHINGTON
AT SEATTLE**

STATE OF WASHINGTON, et al.,

Plaintiffs,

v.

DONALD J. TRUMP, in his official
capacity as President of the United States of
America, et al.,

Defendants.

NO.

DECLARATION OF KATHERINE
OYSTER

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ATTORNEY GENERAL OF WASHINGTON
Complex Litigation Division
800 Fifth Avenue, Suite 2000
Seattle, WA 98104
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DECLARATION OF KATHERINE OYSTER, MD

I, Katherine Oyster, MD, hereby declare:

1. I am over the age of 18, competent to testify as to the matters herein, and make this declaration based on my personal knowledge.

2. I am a board-certified family medicine with obstetrics physician at Allina Health. I am licensed by the State of Minnesota (#60544).

3. I went to the Medical College of Wisconsin, Milwaukee, Wisconsin for medical school and graduated in 2013. I completed my residency at Grant Rapids Medical Education Partners in Grand Rapids, Michigan, and became an attending physician in 2016. I am a member of the American Academy of Family Physicians.

4. When I was in residency, I sought out specific training to learn how to appropriately manage gender-affirming hormone care. During my residency, I created a curriculum to learn about providing hormone therapy, and that curriculum has since been used by other residents.

5. It has always been a part of my practice to provide gender-affirming care. I currently see patients for gender dysphoria treatment ranging from age 8 to 80. I see approximately three patients a day for gender-affirming medical care, and gender-affirming healthcare constitutes about 10-15% of my practice.

6. I started working with minors to provide gender-affirming care as demand grew in Minnesota after we became a trans refuge state and other medical providers were at capacity.

7. Generally, my treatment of transgender and gender-diverse patients focuses gender-affirming hormone care as a means to address gender dysphoria.

8. In my healthcare practice, I follow the University of California, San Francisco guidelines from the primary and gender-affirming care of transgender and gender non-

1 conforming people. While I follow these standards, I work with each patient to ensure their care
2 matches their individual needs.

3 9. Hormone therapy and gender-affirming medical care are science-based
4 treatments. As physicians, we have been providing hormone care for a very long time. For
5 instance, we have been prescribing estrogen since the 1950s, which means there is a lot of
6 published and reviewed data about hormone care. In the last decade, there has been an increasing
7 amount of published research and data regarding hormone therapy as a means of providing
8 gender-affirming healthcare.

9 10. Hormone care is not something I prescribe quickly or lightly. I conduct separate
10 evaluations for each patient to ensure that hormone therapy or other forms of gender-affirming
11 care is the appropriate route for that person.

12 11. When I am assessing whether a patient is an appropriate candidate for hormone
13 care, I evaluate what if any treatment they have already received to address gender dysphoria,
14 rule out any medical conditions the patient has that would make it inadvisable for them to take
15 hormones, and consider any other resources the patient has already sought out for gender-
16 affirming care. For my patients receiving hormone care who are minors (age 16-18), I require
17 that they have seen a gender-related therapist and have 6 months of documented dysphoria prior
18 to beginning hormone care.

19 12. When a patient comes to me seeking hormone therapy, my general practice is to
20 schedule a first visit and determine if the patient is a good candidate for hormone therapy. I
21 generally do not prescribe medication after that first visit. When my patients return for their
22 second visit, we discuss the details of undergoing hormone therapy, including the irreversible
23 aspects of gender-affirming hormone care, as well as the side effects of taking hormones.

24 13. If a patient consents to the care after learning about the medical effects, I usually
25 start them on injectable hormones, and they work with my nursing staff to ensure they know
26 how to properly administer the hormones.

1 14. For the first year of hormone treatment, I see my patients every three months (or
2 more, if necessary). At the follow-up visits I get labs to make sure the patient's hormones are in
3 the appropriate range, check in about the side effects a patient might be experiencing, and make
4 sure the patient is comfortable with all of the changes happening to their body.

5 15. Once the patient's hormones have been stable for more than 6 months, and after
6 a year of treatment, we go down to one visit every 6 months. Usually after 2-3 years, we are
7 simply doing maintenance therapy because we do not expect any new changes to the patient's
8 body after that time.


9 16. I have never had a patient ask to de-transition. We know, through publications in
10 peer-reviewed journals, that the regret rate of gender-affirming surgical care is 1% or less—there
11 are very few medical procedures that have rates of regret as low as gender-affirming care.

12 17. I am aware of President Trump's new Executive Order banning gender-affirming
13 care for minors. As a medical provider, this causes me great concern. I do not believe that the
14 government should be dictating whether trained medical professionals can provide evidence-
15 based medical care to their patients. It is problematic at best and killing people at worst.

16 18. I am terrified that blocking gender-affirming care for minors will cause a mental
17 health crisis and an increase in suicides in our adolescent population. My patients are already
18 feeling the effects of the threats the government is making to deny them access to the medication
19 and medical care they need. I have already seen an uptick in depression and anxiety in many of
20 my patients generally, but especially among my gender-affirming care patients.

21
22 I declare under penalty of perjury under the law that the foregoing is true and correct to
23 the best of my knowledge.

24 DATED and SIGNED this 5th day of February, 2025, in Washington County, Minnesota.

25 
26 Katherine D. Oyster (Feb 5, 2025 14:29 CST)
Katherine D. Oyster, MD